

## Co-Occurring Disorders Workgroup

Minutes of Meeting  
October 8, 2003

*Present: Kathy Jett, Steve Mayberg, Peter Banys, , Denise Betting, Jeronimo Breen, Vivian Brown, Co-Chair, Carmen Delgado, Chuck Deutschman, Venus Garth, Suzanne Gelber, Carol Goodman, Johnny Walker, Sandra Naylor Goodwin, Denise Betting, Marv Southard, Co-Chair, Tom Powers, Jessie McGuinn, Mel Voyles, Carol Wilkins, Joan Zweben, Linda Nonaka, Terri Goens, Kathy Sternbach*

Co-Occurring Disorders (COD) Workgroup members represented a summary of its short-term and long term recommendations to Kathy Jett, Director, California Department of Alcohol and Drug Programs (ADP), and Steve Mayberg, Director of the California Department of Mental Health (DMH). The recommendations from the meetings and activities completed by the COD Workgroup during the past year were presented by Vivian Brown and Marv Southard, Co-Chairs, with input from other COD Workgroup members.

### Part I: Presentation of the COD Workgroup Recommendations to the Directors of the ADP and DMH.

The Co-Chair persons emphasized interest in improving access to and the quality of services for five focus populations. The focus populations are:

- Adults with a Serious Mental Illness (SMI) and a substance abuse disorder.
- Children with a Serious Emotional Disturbance (SED) and a substance abuse disorder.
- Indigent adults with co-occurring disorders who also experience frequent or long-term health crisis or homelessness.
- Individuals with mental health or substance abuse problems that are subject to the welfare-to-work requirements of Temporary Assistance to Needy Families (TANF).
- Individuals involved with the criminal justice system that have co-occurring disorders.

### Short Term Recommendations

Two principles guided the Workgroup's short term recommendations:

- Activities that are relatively easy to implement that have impact on direct service providers
- Budget neutral activities

The short term recommendations focus on process barriers to the provision of coordinated/integrated services.

1. **Single/universal chart format** – Develop a universal chart format/medical record and a uniform medical record protocol.

2. **Outcomes** – Develop a single set of outcomes for individuals receiving mental health and substance abuse services.
3. **Licensing** –Expedite licensing of programs serving the people with co-occurring disorders.
4. **Policy Statement** – Finalize the joint ADP/DMH policy letter confirming the commitment to, and expectations for, treatment for persons with co-occurring disorders.

### **Long Term Recommendations**

The long-term recommendations focus on service and funding initiatives and are not necessarily revenue neutral:

#### **1. Funding Alternatives**

- Maximize Federal funding around the five focus populations.
- Identify funding gaps, barriers, and other funding sources.

#### **2. Best/Promising Practices**

- Conduct further investigation of emerging evidence-based practices and continue review of national best practices for the implementation of evidence-based and other promising practices for each of the focus populations as they become available.
- Based on best/promising practices, refine specific outcomes to be collected for individuals receiving mental health and substance abuse services to further these practices.
- Expand promising programs which have demonstrated success.

#### **3. Partnerships to Promote Coordinated/Integrated Services**

- Establish formal linkage among ADP, DMH, and the California Departments of Corrections (CDC), Health Services (DHS), and Social Services (DSS) to address system barriers to services and entitlements such as Medi-Cal. The importance of engaging DHS to work on these issues was emphasized.
- Establish formal linkages among county Alcohol and Other Drug (AOD) and Mental Health (MH) agencies to develop coordinated/integrated service approaches, training, and protocols pertaining to confidentiality and other administrative coordination requirements.

#### **4. Training and Technical Assistance**

- 1 Establish a statewide Training Committee

### **Request for Extension to Complete Report**

The Workgroup members requested a time extension to complete the report. Several versions of the report were drafted, but the members want the report to capture the complexity of the issues and provide background on the rationale and decision-making process. The goal is to ensure the final product is reflective of the participants' perspective and to provide as much detail as possible on the specific recommendations. Further, the Workgroup members want to design communications materials to complement the report and facilitate dissemination throughout the state. Before finalizing the report, the Workgroup members desired feedback from the Directors of ADP and DMH on recommendations, particularly in light of the change in gubernatorial administration resulting from the election the previous day.

### **Directors' Response**

Kathy Jett, Director, ADP, and Steve Mayberg, DMH, expressed their appreciation to the Workgroup members for their commitment to fully discuss the topic. Both Directors recognize the complexity of the issues and the attempts to bridge two cultures – alcohol and drug abuse treatment and mental health - and especially appreciate the willingness of the members to resolve and not mask disagreements. The Directors also commended the Workgroup's recognition of cost constraints and the effort to identify budget-neutral solutions.

The Directors applauded the Workgroup members for the recommendation to develop a joint ADP/DMH policy statement and noted a draft of the policy statement was completed. They expressed interest in hearing about new treatment models that can be replicated throughout the state. The Directors emphasized the need for specificity in the recommendations, particularly with regard to evidence based treatments and barriers to effective service delivery. They also made the suggestion to reconvene the Workgroup in one year to review progress on implementation of the recommendations. At that time the Workgroup should issue a follow-up report. To support these efforts, the Directors agreed to an extension of the project until December 2003.

The Workgroup Co-Chairs and members expressed their appreciation for the Directors' feedback on the preliminary findings. The meeting was adjourned for 15 minute break and for an informal discussion with the Directors prior to their leaving.

### **Part II. COD Workgroup**

The second part of the meeting focused on assigning responsibilities for completion of the report, identifying the process for adding more specificity to the recommendations, and clarifying unresolved issues. In general, the Workgroup members thought the executive summary of the report is too long and has too much detail. It should have a tight description of the focus populations and outline an action plan. Members suggested developing a report with a detachable executive summary and preparing a presentation and other communication materials that could be geared to specific audiences, such as legislative analysts. It was also suggested the short-term recommendations be included in a briefing book for the transition team of the new Governor as well as for the Legislative Analysts Office.

## **Process and Assignments for Completion of the Report**

Suzanne Gelber volunteered to complete the report with the understanding that individual members would participate in writing sections of the final report. Suzanne also agreed to use the minutes from this meeting to develop a work plan and track assignments. Carol Wilkins agreed to assist Suzanne with these responsibilities.

The Workgroup members then decided to review Short and Long-Term Recommendations and develop assignments using “Teams” for each recommendation. Appointed Team Leaders will be responsible for developing the specifics of each recommendation, obtaining input from their team members, and submitting the written materials to Suzanne who will incorporate each section into the final document. Several members noted that participation from other state agencies was important to complete the final product. As a result, Workgroup members identified resources people in several agencies – CDSS and DHS - to work with the teams.

Once each team completes its section and Suzanne Gelber integrates the sections into a final report, the Workgroup members will have the opportunity to review the final draft. The Workgroup members also agreed that Marv Southard and Vivian Brown have authority to resolve any potential differences of opinion about what should be in the final document.

A concern was raised that a sub-group began working on a new document that was not reviewed by all members and that there were detailed comments on another version of the document that should be addressed in the final version. It was agreed that each team would review all comments and address these in each section of the report.

Before moving to the assignments for short and long-term recommendations, the Workgroup agreed it was important to assign a team to review the section of the report describing the focus populations and made the following assignment:

### **1 Focus Populations**

Team Leader: Carol Wilkins

Team members: Jeronimo Breen, Maureen Bauman, Marv Southard

This section of the report should describe the focus populations and why they are expensive to serve (and expensive to under serve or not serve at all). This section should discuss the opportunities and impediments to funding services for each population. This theme (opportunities and impediments) also should be emphasized in the recommendations, whenever possible.

#### **• Cost Neutrality**

Both the Directors of ADP and DMH emphasized the importance of identifying strategies that are cost neutral, particularly due to the State’s budget problems. In general, the Workgroup agreed the short term recommendations should emphasize cost neutrality and the long term recommendations should focus on items that may not be cost neutral. It was also pointed out that even for “cost-neutral” items; there may be some associated costs,

for example, costs of changing chart auditing functions of the state agencies.

### **Short Term Recommendations**

The Workgroup then discussed the remaining assignments pertaining to the short-term recommendations. Members also noted that some of the short-term recommendations had long-term goals and it was agreed that the long-term issues would also be addressed by each team, as applicable.

- **Single/universal chart format**

Team Leader: Peter

Team Members:

- 1 Marv Southard -will assign a person to the group by 10/10 via email.
- 2 Carmen Delgado will speak to Venus Garth by 10/14 to either participate or identify another resource.
- 3 Jeronimo Breen will provide a written analysis of issues by 10/14.
- 4 Chuck will assign a person and contact Peter by 10/14.
- 5 Carol Goodman will write an email identifying resource material.

- 1 **Outcomes**

Team leader: Marv Southard

Team members: Vivian Brown, Denise Betting, Mel Voyles

Workgroup members agreed that AB 2034 will be a guideline for looking at specific outcomes.

- **Licensing**

Team leader: Joan Zweben

Team members: Dave Feinberg/ADP, Al Nichols/DMH, Marv Southard's representative, Sandra Goodwin Naylor. Carmen Delgado will identify a contact from CDSS.

The team needs to provide examples of licensing requirements that conflict with each other, e.g. Community Care licensing requirements that are at "loggerheads" with ADP mandates. The report needs to be very specific about changes that would be helpful. It was agreed the team would address counselor certification as a long-term issue/recommendation.

- **Policy Statement**

Team leader: Marv Southard

Team members: Suzanne Gelber, Carmen Delgado, Mel Voyles

ADP and DMH staff developed a draft that is under review.

## **Long Term Recommendations**

The Workgroup reiterated that some of these issues below would include short term strategies and that each Team would focus on long term recommendations, but also would address any short term strategies pertaining to these categories.

- **Funding**

Team leader: Carol Wilkins

Team members: Jeronimo Breen, Mel Voyles, Carmen Delgado, Sandra Naylor Goodwin

For the funding goal, the Workgroup encouraged the team to provide as much specificity as possible. There needs to be an in-depth discussion and distinction between funding sources such as the mental health rehabilitation option, Medi-Cal Drug and the clinic option (MH).

- **Best Practices**

Team leader: Vivian

Team members: Jeronimo Breen, Denise Betting, Peter Banys, Joan Zweben, Marv Southard's Medical Director

The focus of this team will be to identify best practices to promote access to services and quality treatment and also identify those practices that should be avoided.

- **Partnerships to Promote Coordinated/Integrated Services**

Team leader: Mel Voyles (DMH) and Carmen Delgado(ADP)

Team members: Venus Garth (CDSS), Millicent (DOC), DHS representative TBD/Medi-Cal.

The focus of this team will be to identify contacts who will continue to work on coordinated/integrated services, including homeless organizations, DHS, and others who may not have participated in the Workgroup. The importance of engaging DHS was underscored.

- **Training and Technical Assistance**

Team leader: Joan Zweben

Team members: Sandra Naylor Goodwin, Vivian Brown

The focus of this team will be on training the field as well as influencing the professional schools training curriculum.

## **Discussion of Unresolved Issues**

There is a strong commitment on the part of members to avoid masking disagreements. As a result the Workgroup clarified the following issues:

- **Licensing** – First, it was agreed that the report should focus on treatment programs,

not individual practitioners. Secondly, there was the question as to whether licensing should this apply to all mental health and alcohol and drug treatment programs or those that only treat persons with co-occurring disorders. Members agreed that whatever licensing recommendations are made should address all treatment programs to promote better coordination/integration of services and to avoid creating a separate sub-category of treatment programs. Third, the question as to whether licensing requirements should apply to all programs or to a system of care – that being whether it was adequate for a County to have one or two programs that are licensed and capable of treating persons with co-occurring disorders or whether all services should meet the standard for treating this population. It was agreed to recommend that all mental health and alcohol and other drug programs meet the standard for treating persons with co-occurring disorders. As part of the long term recommendations, however, the assigned team will address counselor certification.

- **SMI Population** – The focus population section does not clearly delineate the needs and requirements of each population and does not differentiate between SMI and other populations. The focus population team will address this issue.
- **Integration of ADP and DMH** - Considerable discussion about the report's silence on merging or not merging ADP and DMH occurred. Some felt it was unwise to be silent on this because the new administration will be looking for cost savings and the group should “weigh in” on this topic. Others felt that raising this issue detracts the reader from the important recommendations of the Workgroup. It was agreed that because the merger or integration of these agencies is a complex issue and not necessarily focused on service specific goals, this topic will not be included in the report.
- **Evidence-based practices** - The Workgroup identified the need to be more specific about best practices and requested the assigned team agreed to identify evidence-based practices and list citations. There was also discussion about whether to include Methadone as an evidence-based practice. Use of methadone is an issue that has polarized some communities. Information was shared indicating that a significant percentage of persons enrolled in methadone programs have co-occurring disorders, although the number of persons with co-occurring disorders who have a heroin addiction may not be high volume. Another practice the group wants to emphasize is use of representative payees. The assigned team will consider these issues and recommend a set of evidenced based practices and list citations. The importance of identifying a list of worst practices was also discussed. For example, in order to promote improved services, it is important to mitigate practices such as:
  - 1 “No mental health treatment until sober”
  - 2 “No drug/alcohol treatment while taking medications”
  - 3 “Abstinence is the only model”
  - 4 “Only detox people every three months”
  - 5 “Discharge without housing”

The team agreed to address these issues as well.

- **Cost Neutrality** – The Workgroup agreed that the short term recommendations would focus on cost neutral areas but the long-term recommendations can state the need for resources exists.

### **Timeline and Other Content Material for the Report**

The goal is to have a Draft Report to Directors of ADP and DMH by November 30, 2003; therefore Suzanne Gelber will need to have the material from the teams by November 15. The workgroup will request comments from the Directors by December 15, 2003 so the final report and materials can be completed by December 30, 2003.

Other report issues:

- Members agreed to minimize discussion of the Workgroup's process in the report.
- A discussion about the "Values" section of the report resulted in agreement the values would not be up front in the report but would be incorporated to provide a foundation for stakeholders from the various fields to share perspectives and to provide a lens for examining implementation of the workgroup's recommendations.
- Once the final draft is complete, the focus of review will be on providing commentary on whether the report stated the Workgroup's recommendations in the best way and to address any substantive disagreement. Marv Southard and Vivian Brown will make the final decision about what will be included in the report.

### **Adjournment**

The meeting adjourned at 2:20 p.m.

Respectfully Submitted,

Kathy Sternbach  
Terri Goens  
Mercer  
October 15, 2003